

6/25/03

**BEHAVIORAL / ENVIRONMENTAL RISK FACTORS
FOR CHILDHOOD DROWNING**

**CASE QUESTIONNAIRE
AGES 10-19**

Sponsored by:

**National Institute for Child Health and Human Development
National Institutes of Health (NIH)
Bethesda, Maryland**

Westat

1. **SITE ID:**
2. **CASE ID:**
3. **CONTROL ID:**
4. **INTERVIEWER NAME:** *(Please print)*
5. **DATE OF INTERVIEW:**
6. **TIME INTERVIEW BEGAN:** ____:____ **AM** **PM**
7. **TIME INTERVIEW ENDED:** ____:____ **AM** **PM**
8. **1ST NAME OF CHILD:**
9. **GENDER OF CHILD:**
10. **DATE OF ACCIDENT (CASE)/ REFERENCE DATE:**
11. **COUNTY WHERE CHILD/CASE DROWNED:**
12. **CHILD DATE OF BIRTH:**
13. **AGE CATEGORY:** **10-19**
14. **RESPONDENT RELATIONSHIP TO CHILD:** ☐ **Mother**
☐ **Father**
☐ **Grandmother**
☐ **Grandfather**
☐ **Other (SPECIFY):** _____
Gender: M F

INTERVIEWER: Note the gender of "Other"

ELIGIBILITY CONFIRMATION

Before we begin, I would just like to confirm some information we have regarding (CHILD'S NAME) and where (he/she) was living at the time of the accident.

EL-1. First, since this study is only being conducted in certain counties across the country, we would like to confirm that at the time of the accident, (CHILD'S NAME) lived in (COUNTY OF RESIDENCE). Is that correct?

EXTD.COUNTYCH

YES.....1 (SKIP TO QUESTION EL-2)

NO.....2

EL-1a. At the time of the accident, where did (CHILD'S NAME) live?
Please tell me the city, state, zip code, and county.
(IF CHILD LIVED OUTSIDE OF THE U.S., ENTER '99' FOR CITY AND SKIP TO BOX EL-1)

CITY:_____ STATE:_____

EXTD.CITY

EXTD.STATE

ZIP CODE:_____ COUNTY:_____

EXTD.ZCODE

EXTD.COUNTYOFRESIDENCE

EL-2. Our records indicate that (CHILD'S NAME) was born in (MONTH OF BIRTH) of (YEAR OF BIRTH). Is that correct?

EXTD.CONBIRTH

YES.....1 (SKIP TO BOX EL-1)

NO.....2

EL-2a. What is (CHILD'S NAME)'s month and year of birth?

EXTD.BIRTHMO

MONTH:_____ YEAR:_____

EXTD.BIRTHYR

BOX EL-1

If child lived outside of U.S., go to Box EL-2.
If child's age is less than 1 or greater than 19, go to Box EL-3.
Else proceed with interview and go to Question 1.

BOX EL-2

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only able to include residents of the United States in this study. Thank you very much for your time. **END**

BOX EL-3

[INTERVIEWER – READ TO PARENT/GUARDIAN OF CHILD]. At this time we are only conducting interviews for children or teenagers who were between the ages of 1 and 19 at the time of the accident. Thank you very much for your time. **END**

ENVIRONMENTAL FACTORS

We don't know how to prevent drowning accidents, so there are no right or wrong answers to any of the questions.

1. To be sure that I have a correct understanding of what happened, could you please describe the accident? [RECORD THE CIRCUMSTANCES REGARDING THE ACCIDENT SUCH AS HOW THE ACCIDENT OCCURRED AND WHO WAS PRESENT]
DESC.DESCTEXT

- 1a. What is your relationship to (CHILD'S NAME)? Are you (his/her)...

EXTD.RELACH

Mother..... 1
Father 2
Grandmother, 3
Grandfather, or..... 4
Some other relationship?
(SPECIFY) [ASK GENDER IF NOT OBVIOUS]
..... 91

EXTD.RELACHOS
EXTD.OTHGEND

2. Did (CHILD'S NAME) live with you at the time of the accident?

EXTD.CHLIVE

YES..... 1
NO..... 2



- 2a. With whom did (CHILD'S NAME) live most of the time the year prior to the accident?

EXTD.LIVE

MOTHER..... 1
FATHER..... 2
BOTH MOTHER AND FATHER..... 3
GRANDPARENT(S)..... 4
OTHER RELATIVE..... 5
SOMEONE ELSE (SPECIFY)..... 91

EXTD.OTHLIVE

(NOTE: FOR QUESTION 3 TO 6 - IF QUESTION 2 = NO (CHILD DID NOT LIVE WITH RESPONDENT ON REF DATE), CHANGE FILLS TO GATHER INFO ON CHILD'S HOUSEHOLD.)

3. Up until the date of the accident, how long had (CHILD'S NAME) lived at this residence?

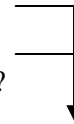
EXTD.NUMLIVE

— — WEEKS..... 1
MONTHS 2
YEARS 3

EXTD.UNITLIVE

4. Did you ...
EXTD.OWNRENT

Own your residence, 1
Rent your residence, 2
Live with family, 3
Live with friends, or 4
Was it some other type of living arrangement?
(SPECIFY) 91



EXTD.OTHOWNRE

4a. Did the people that (CHILD'S NAME) lived with own or rent their residence?

EXTD.OWNHOME

OWN 1
RENT 2

5. Are you currently living at this same residence?

EXTD.SAMERES

YES 1
NO 2

6. [IF NO TO QUESTION 5: Now I would like you to think about the residence in which you lived in at the time of the accident.] Would you describe your residence as...

EXTD.CURRES

An Apartment, 1 (SKIP TO QUESTION 17)
A Single Family House, 2
A Duplex, 3
A Townhouse or Rowhouse, 4
A Mobile or Trailer Home, or 5
Something else? (SPECIFY) 91

EXTD.OTHCURRE

(Note – 7 through 14 will be one large grid)

| 7. At the time of the accident, was there a ... YARD.LOCATED | 8. Was the water in the (STRUCTURE) deeper than 2 feet at its deepest point? YARD.WATDEEP | 9. Was the (STRUCTURE) in place the whole time you lived there? YARD.INPLACE | 10. Was the (STRUCTURE) a permanent structure? YARD.PERMSTRU |
|--|--|---|---|
| a. <u>swimming pool</u> located in your yard or home? Do not include wading pools. YES 1 → NO 2 (b) | a. YES 1 NO 2 | a. YES 1 NO 2 | a. YES 1 NO 2 |
| b. <u>Jacuzzi or hot tub</u> located in your yard or home? Please do not include Jacuzzi's or hot tubs located in a bathroom. YES 1 → NO 2 (c) | b. YES 1 NO 2 | b. YES 1 NO 2 | b. YES 1 NO 2 |
| c. <u>wading pool</u> located in your yard? YES 1 → NO 2 (d) | c. YES 1 NO 2 | c. YES 1 NO 2 | c. YES 1 NO 2 |

| | | | |
|--|--------------------------------|--------------------------------|--|
| d. pond, lake or some other body of water located in your yard? YES..1 (SPECIFY IF OTHER) → NO...2 YARD.LOCATOS | d. YES 1 NO..... 2 | d. YES 1 NO2 | |
|--|--------------------------------|--------------------------------|--|

| | | | |
|--|---|--|--|
| 11. How long has the (STRUCTURE) been there? (SKIP IF QUESTION 9 = YES) YARD.NUMSTRU | 12. Was the design of the (STRUCTURE) ... YARD.INABOVE | 13. Where was the (STRUCTURE) located in relation to the residence? Was it in the ... YARD.STRUTLOC | 14. Could the (STRUCTURE) be seen from inside the home? YARD.INHOMEST |
| a. WEEKS 1 MONTHS 2 YEARS..... 3 YARD.UNITSTRU | a. in-ground, or..... 1 above-ground?.. 2 | a. back yard,..... 1 front yard, 2 side yard, or..... 3 inside the home or residence? 4 | a. YES 1 NO2 |
| b. WEEKS 1 MONTHS 2 YEARS..... 3 | b. in-ground, or..... 1 above-ground?.. 2 | b. back yard,..... 1 front yard, 2 side yard, or..... 3 inside the home or residence? 4 | b. YES 1 NO2 |
| c. WEEKS 1 MONTHS 2 YEARS..... 3 | c. in-ground, or..... 1 above-ground?.. 2 | c. back yard,..... 1 front yard, 2 side yard, or..... 3 inside the home or residence? 4 | c. YES 1 NO2 |
| d. WEEKS 1 MONTHS 2 YEARS..... 3 | d. → | d. back yard,..... 1 front yard, or 2 side yard? 3 | d. YES 1 NO2 |

BOX 1

IF RESPONSES TO ALL OF QUESTIONS 7a-d = NO, SKIP TO QUESTION 17.
 IF 7a and 7b = 1, SKIP TO QUESTION 14.5.
 ELSE SKIP TO QUESTION 15.

14.5 Is the Jacuzzi or hot tub attached to the pool?

YARD.JACPOOL

YES..... 1
 NO..... 2

REPEAT QUESTIONS 15 – 16 FOR ALL BODIES OF WATER WITH A “YES” RESPONSE IN QUESTION 7, EXCEPT IF 14.5 = YES. THEN ASK 15-16 ONCE FOR POOL/JACUZZI COMBINATION AND FOR OTHER ‘YES’ RESPONSES IN QUESTION 7.

15. On the date of the accident, was there a fence surrounding the (STRUCTURE)?

YARD.FENCESUR

YES..... 1

NO.....2 (SKIP TO QUESTION 17)

16. Did the fence completely surround the (STRUCTURE) on all 4 sides, or could you access the (STRUCTURE) directly from your home without having to go through a gate of a fence?

YARD.FENCECOM

STRUCTURE COMPLETELY SURROUNDED BY FENCE.....1

STRUCTURE ACCESSIBLE FROM HOME.....2

(IF ANSWER TO QUESTION 5 =YES, SKIP MENTION OF REFERENCE PERIOD)

17. (At the time of the accident), approximately how long (does/did) it take to get from (CHILD'S NAME)'s home to the nearest swimming pool [not including the pool in (his/her) own yard]? This would include such things as a pool at a neighbor's home, a pool in an apartment or condominium community, a community pool, or a city pool.

EXTD.NUMPOOL

_____ UNIT: MINUTES.....1

EXTD.UNITPOOL

HOURS.....2

- 17a. Is the time you gave based on ...

EXTD.EXTDMODE

Walking,..... 1

Riding a bicycle, 2

Driving, or..... 3

Some other method of transportation?

(SPECIFY)_____ 91 EXTD.OTHMODE

18. Was there a fence or other barrier surrounding this swimming pool?

EXTD.BARPOOL

YES..... 1

NO..... 2

19. How long (did/does) it take to get from (CHILD'S NAME) home to the nearest lake, river, pond, ocean, or other large body of water, aside from a swimming pool?

EXTD.NUMLAKE

_____ UNIT: MINUTES.....1

EXTD.UNITLAKE

HOURS.....2

- 19a. Is the time you gave based on ...

EXTD.MODELAKE

Walking,..... 1

Riding a bicycle, 2

Driving, or..... 3

Some other method of transportation?

(SPECIFY)_____ 91 EXTD.OTHLAKE

| | | |
|--|---|--|
| 20. (In the 2 months prior to the date of the accident) on how many days did (CHILD'S NAME)... VIST.NUMMOTE | 21. Did (he/she) visit (BODY OF WATER) at least once? [ONLY ASK IF QUESTION 20 = DK] VIST.NUMMOTDK | 22. Was there usually a lifeguard on duty? VIST.HOTLIFE |
| a. Visit a hotel or motel with a swimming pool? _____ → number of days [If days = 0, go to b] | a. YES.....1 NO.....2 (b) | a. YES.....1 (b) NO.....2 (b) |
| b. Visit a swim center or community pool? _____ → number of days [If days = 0, go to c] | b. YES.....1 NO.....2 (c) | b. YES.....1 (c) NO.....2 (c) |
| c. Visit an ocean, lake, pond or river? _____ → number of days [If days = 0, go to d] | c. YES.....1 NO.....2 (d) | c. YES.....1 (d) NO.....2 (d) |
| d. Visit a water theme park? _____ → number of days [If days = 0, go to e] | d. YES.....1 NO.....2 (e) | d. YES.....1 (e) NO.....2 (e) |
| e. Visit another home where (CHILD'S NAME) had access to a pool or some other large body of water? _____ → number of days [If days = 0, go to Question 23] | e. YES.....1 NO.....2 [If no, go to Question 23] | e. YES.....1 NO.....2 |

23. How often had (CHILD'S NAME) been on a boat? Please do not include cruise ships. Would you say...

EXTD.BOAT

1 time per year, 1
 2 to 5 times per year,..... 2
 6 to 10 times per year,..... 3
 11 to 20 times per year, or 4
 more than 20 times per year?... 5
 NEVER..... 99 (SKIP TO QUESTION 24)

- 23a. When (CHILD'S NAME) went out on a boat did (he/she) usually wear a life vest?

EXTD.LIFEVEST

YES..... 1
NO..... 2

FORMAL SWIMMING LESSONS

The next group of questions will be about the formal swimming lessons that (CHILD'S NAME) may have participated in. We don't know if swimming lessons can help prevent drowning among young children, so there are no right or wrong answers.

24. Children sometimes receive formal swimming lessons that are paid for or that are received as part of another activity such as day care, school or camp. Had (CHILD'S NAME) ever taken formal swimming lessons? Please do not include swim team.

EXTD.FORMAL

YES..... 1
NO..... 2 (SKIP TO QUESTION 32)

25. Often children are enrolled in a swimming course that includes a group of classes that meet regularly over a number of weeks. For example a course might include 1 class per week for 8 weeks. Thinking back to all the courses that (CHILD'S NAME) took, how many separate courses did (he/she) attend altogether? [PROBE IF RESPONDENT DOES NOT KNOW OR CAN NOT REMEMBER THE NUMBER OF COURSES: Please tell me how many courses you can remember.]

EXTD.COURSES

_____ (# OF COURSES)

- 25a. [ASK ONLY IF QUESTION 25=DK] Do you know how many years (CHILD'S NAME) participated in swimming courses?

EXTD.COURYEAR

_____ (# OF YEARS)

26. How many swim courses did (CHILD'S NAME) attend before the age of 5?
[PROBE IF NECESSARY: Please tell me how many courses you can remember.]

EXTD.UNDRFIVE

_____ (# OF COURSES)

27. How old was (CHILD'S NAME) when (he/she) took (his/her) first formal swimming lessons?

EXTD.AGEL

_____ (AGE) UNITS: MONTHS.....1
YEAR.....2

EXTD.AGELU

28. How old was (CHILD'S NAME) when (he/she) took (his/her) most recent formal swimming course, not including swimming team?

EXTD.AGER

_____ (AGE) UNITS: MONTHS.....1
YEARS.....2

EXTD.AGELRU

I am now going to ask you a series of questions about the swimming course(s) (CHILD'S NAME) took.

[IF 3 OR MORE COURSES: I am only going to ask you about the first course (CHILD'S NAME) participated in, and the most recent course (CHILD'S NAME) participated in. I will start with (CHILD'S NAME)'s first course.]

[IF 2 COURSES: Now thinking about the first course (CHILD'S NAME) took.]

| | COURSE # 1 | COURSE #2 |
|--|---|--|
| 29. What was the name of the swimming course? For example, Aquatots, Water Babies, Beginning Swimming, or Advanced Swimming. CLAS.NAMEC | Name: | Name: |
| a. Could you please tell me the name of the facility and sponsoring organization that offered this course and the city and state in which the facility is located. CLAS.FACNAMC | Facility: CLAS.SPONSORG Sponsoring Organization: City: CLAS.CITYFAC State: CLAS.STATEFAC | Facility: Sponsoring Organization: City: State: |
| b. Were these swimming lessons taught in a... CLAS.WHERECL | Pool,1 Lake,2 Ocean, or3 Some other type of water?..91 (SPECIFY) _____ CLAS.WHERECOS | Pool, Lake, Ocean, or Some other type of water?..... (SPECIFY) _____ |
| c. How old was (CHILD'S NAME) at the beginning of the course? CLAS.AGEBEG | ____ UNITS: MONTHS (age) YEARS CLAS.AGEBUNIT | ____ UNITS: MONTHS (age) YEARS |
| d. What was the month and year in which the course began? CLAS.BEGMON | __ __ / __ __ M M Y Y CLAS.BEGYEAR | __ __ / __ __ M M Y Y |
| e. How many times per week did the classes meet? CLAS.MEETWK | ____ UNITS: WEEK (# times) MONTH CLAS.MEETUNIT | ____ UNITS: WEEK (# times) MONTH |
| f. On average, how many minutes was each class? CLAS.MINUTECL | _____ (number of minutes) | _____ (number of minutes) |
| g. For this course, what was the total number of classes that (CHILD'S NAME) attended? (PROBE): Please Give me your best estimate. CLAS.CLASSES | _____ (number of classes) | _____ (number of classes) |

| | | | |
|---|--|--|--|
| h. | Who usually took (CHILD'S NAME) to (his/her) swimming lesson? CLAS.WHOTOOK | RESPONDENT 1 MOTHER 2 FATHER 3 GRANDMOTHER 4 GRANDFATHER 5 OTHER RELATIVE (SPECIFY) 91 OTHER NON-RELATIVE (SPECIFY) 92 CLAS.WHTOOKOS | RESPONDENT 1 MOTHER 2 FATHER 3 GRANDMOTHER 4 GRANDFATHER 5 OTHER RELATIVE (SPECIFY) 91 OTHER NON-RELATIVE (SPECIFY) 92 |
| i. | Did (PERSON NAMED IN QUESTION 29h) usually watch the lessons? CLAS.DIDWATCH | YES 1 NO 2 | YES 1 NO 2 |
| j. | How many children, including (CHILD'S NAME) were in the group? CLAS.HOWMANYC | _____ (number of children) | _____ (number of children) |
| k. | Was an adult, other than the instructor, required to be in the water with each child? CLAS.ADULTREQ | YES 1 NO 2 | YES 1 NO 2 |
| <p>There are many different skills that are taught in swimming lessons. I am going to read to you a list of some skills and would like you to tell me if the lessons in this course focused <u>not at all, a little, some, or a lot</u> on these skills. I would be happy to repeat the categories if you need them.</p> | | | |
| 30. | The first skill is helping children feel comfortable in the water; like getting them used to putting their face in the water. Would you say these lessons focused on this CLAS.COMFORT | Not at all, 1 A little, 2 Some, or 3 A lot? 4 NO INFORMATION 99 | Not at all, 1 A little, 2 Some, or 3 A lot? 4 NO INFORMATION .. 99 |
| <p>[IF RESPONDENT VOLUNTEERS THAT HE OR SHE HAS NO INFORMATION ABOUT WHAT SKILLS WERE TAUGHT IN THE COURSE, ENTER 99] (SKIP TO 30h).</p> | | | |
| a. | Treading water. Would you say the lessons focused on this... CLAS.TREADWTR | Not at all, 1 A little, 2 Some, or 3 A lot? 4 | Not at all, 1 A little, 2 Some, or 3 A lot? 4 |
| b. | Floating on (his/her) back. CLAS.FLOATBCK | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 |
| c. | Poolside behavior; like not running on the deck. CLAS.BEHAVIOR | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 |
| d. | Swimming strokes and kicks. CLAS.STROKES | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 | NOT AT ALL 1 A LITTLE 2 SOME 3 A LOT 4 |
| e. | Was (CHILD'S NAME) forced to put his/her) head underwater as part of this course? CLAS.UNDERWTR | YES 1 NO 2 | YES 1 NO 2 |

| | | | |
|----|--|--|--|
| f. | Is there any other information about this swimming course that you think would be important for us to know? CLAS.OTHINFO | YES..... 1 NO..... 2 (SKIP TO 30h) | YES..... 1 NO..... 2 (SKIP TO 30h) |
| g. | [What other information about this swimming course would you like to tell me?] CLAS.TEXT1-4 | (RECORD RESPONSE) | (RECORD RESPONSE) |
| h. | After completing this swimming course, did (CHILD'S NAME)'s behavior change when (he/she) was around water? CLAS.CHANGBCH YES..... 1 NO..... 2 (SKIP TO QUESTION 31) | | |
| i. | How did (his/her) behavior change? _____ CLAS.HWCHANGA CLAS.HWCHANGB | | |
| j. | [ASK ONLY IF QUESTION 25 = DON'T KNOW/REFUSED] Did (CHILD'S NAME) take any other swimming courses? YES.... 1 NO.... 2 | | |

REPEAT QUESTIONS 29 THROUGH 30i FOR THE MOST RECENT COURSE.

31. Prior to the age of 2 years, did (CHILD'S NAME) participate in swimming lessons that focused on survival skills such as rotating from a face down position to a back float, resting, and then flipping back over to continue swimming?

EXTD.SURVSKIL

YES..... 1
NO..... 2

32. Did (he/she) ever participate in competitive swimming, such as team swimming?

EXTD.COMPSWIM

YES..... 1
NO..... 2

→ 32a.

For how many years did (CHILD'S NAME) participate in competitive swimming?

EXTD.COMPNUM

____ (# OF YEARS)

EXPOSURE TO WATER AND INFORMAL SWIMMING LESSONS

ONLY ASK QUESTION 33 IF CHILD NEVER TOOK FORMAL LESSONS NOR PARTICIPATED IN SWIM TEAM (QUESTION 24 AND 32 = NO)

33. Prior to the accident, had (CHILD'S NAME) ever been in a swimming pool, pond, or other body of water, not including a bathtub?

EXTD.INWATER

YES..... 1
NO..... 2 (SKIP TO QUESTION 57)

34. How often on average did (CHILD'S NAME) go swimming during the summer months of May through September? Would you say ...

EXTD.GOSWIMSU

Every day or almost every day, .. 1
3 to 5 times per week, 2
1 to 2 times per week, 3
2 to 3 times per month, 4
Once a month or less, or 5
Not at all?..... 6

35. How often on average did (CHILD'S NAME) go swimming during the months of October through April? Would you say ...

EXTD.GOSWIMOT

Every day or almost every day, .. 1
3 to 5 times per week, 2
1 to 2 times per week, 3
2 to 3 times per month, 4
Once a month or less, or 5
Not at all?..... 6

36. During the year before the accident, how often did (CHILD'S NAME) use a life vest when (he/she) went swimming? Would you say...

EXTD.LIFVEST

Always, 1
Most of the time, 2
Some of the time, 3
On rare occasions, or 4
Never? 5
DID NOT SWIM 6 (SKIP TO QUESTION 39)

37. How often did (he/she) use another flotation device when (he/she) went swimming, such as an inflatable tube? Would you say...

EXTD.PERSFLOT

Always, 1
Most of the time, 2
Some of the time, 3
On rare occasions, or 4
Never? 5 (SKIP TO QUESTION 39)

38. What kind of flotation device did (he/she) use most often?

EXTD.PERSDEVI

INFLATABLE TUBE 2
RAFT 3

EXTD.PERSDEOS

OTHER (SPECIFY): _____ 91

39. Thinking about all the times (CHILD'S NAME) went swimming, how often did (he/she) swim without a lifeguard or adult present? Would you say...

EXTD.NOLIFEG2

Never,..... 1
Rarely,..... 2
Sometimes,..... 3
Often, 4
Almost always, or 5
Always? 6

40. How often did (CHILD'S NAME) swim in a lake, river, pond, ocean, or other natural body of water? Please do not include swimming pools. Would you say...

EXTD.SWIMNATU

Never,..... 1 (SKIP TO QUESTION 41)
Less than once per year,..... 2
1 to 10 times per year,..... 3
11 to 25 times per year,..... 4
26 to 50 times per year, or,.... 5
Over 50 times per year?..... 6

- 40a. Other than pools, what type of water did (he/she) usually swim in? Was it a...

EXTD.TYPENATU

Lake,..... 1
River,..... 2
Pond,..... 3
Ocean, or..... 4
Some other natural body of water?

EXTD.TYPENAOS (SPECIFY)_____ 91

- 40b. When (he/she) swam in a (NATURAL BODY OF WATERTYPE FROM QUESTION 40a.) did (he/she) usually swim using a life preserver or other personal flotation device for assistance?

EXTD.TYPEPERS

YES..... 1
NO..... 2

41. How comfortable was (CHILD'S NAME) in the water? Would you say (he/she) was...

EXTD.COMFWAT

Uncomfortable, 1
Slightly uncomfortable, 2
Comfortable, or..... 3
Very comfortable? 4

| | | | |
|------------|---|------------|-----------|
| 42. | Was (CHILD'S NAME) comfortable with... | YES | NO |
| a. | walking by (himself/herself) in water up to (his/her) waist? EXTD.COMWAIST | 1 | 2 |
| b. | putting (his/her) whole head underwater? EXTD.COMHEAD | 1 | 2 |
| c. | jumping into water over (his/her) head? EXTD.COMDEEP | 1 | 2 |
| d. | playing or swimming in water over (his/her) head? EXTD.COMPLAY | 1 | 2 |

- 43. Children sometimes receive informal swimming instructions or receive swimming pointers or tips from family and friends. Thinking back to before (CHILD'S NAME) was 5 years old, how often did (CHILD'S NAME) receive informal swimming instructions, or pointers or tips about swimming or water safety? Please do not include pointers or tips (he/she) may have received while in a bathtub. Would you say (he/she) received pointers or tips...**

EXTD.POINTSLO

Every time (he/she) went swimming, ... 1
Most of the time, 2
Some of the time, 3
Rarely, or 4
Never?.....5

- 43a. Did (he/she) ever receive informal swimming instructions or pointers or tips about swimming or water safety?**

EXTD.POINTEVR

YES..... 1

NO.....2 (SKIP TO QUESTION 49)

- 44. At what age did (CHILD'S NAME) receive (his/her) first informal pointers or informal swimming instructions?**

EXTD.POINTAGE

_____ UNIT: MONTHS.....1
YEARS.....2

EXTD.POINTUNI

- 45. At what age did (CHILD'S NAME) receive his/her most recent pointers or informal swimming instructions?**

EXTD.RECENAGE

_____ UNIT: MONTHS.....1
YEARS.....2

EXTD.RECENUNI

| | | | | | |
|------------|---|-------------------|--------------------|------------------|--------------|
| 46. | Would you say that the <u>first</u> pointers or informal instructions (CHILD'S NAME) received focused not at all, very little, somewhat or a lot on the following items. | NOT AT ALL | VERY LITTLE | SOME-WHAT | A LOT |
| a. | Treading water. Would you say... EXTD.POINTTRE | 1 | 2 | 3 | 4 |
| b. | Floating on (his/her) back. EXTD.POINTBAC | 1 | 2 | 3 | 4 |
| c. | Swimming strokes and kicks. EXTD.POINTKIC | 1 | 2 | 3 | 4 |
| d. | Diving. EXTD.POINTDIV | 1 | 2 | 3 | 4 |

| | | | | | |
|------------|---|-------------------|--------------------|------------------|--------------|
| 47. | Would you say that the <u>most recent</u> pointers or informal instructions (CHILD'S NAME) received focused not at all, very little, somewhat or a lot on the following items. | NOT AT ALL | VERY LITTLE | SOME-WHAT | A LOT |
| a. | Treading water. Would you say... EXTD.PTTREAD | 1 | 2 | 3 | 4 |
| b. | Floating on (his/her) back. EXTD.PTFLOAT | 1 | 2 | 3 | 4 |
| c. | Swimming strokes and kicks. EXTD.PTSWIMST | 1 | 2 | 3 | 4 |
| d. | Diving. EXTD.PTDIVING | 1 | 2 | 3 | 4 |

- 48. Is there anything else about the swimming pointers or informal instructions that you think would be important for us to know?**

EXTD.POINTELS

YES..... 1

NO.....2 (SKIP TO QUESTION 49)

- 48a. Specify**

DESC.DESCTEXT _____

- 49. How would you have rated (CHILD'S NAME) as a swimmer. Would you say...**

EXTD.SWIMRATE

Excellent, 1

Very good, 2

Good, 3

Fair, or 4

Poor? 5

- 50. Next I am going to read to you a list of things some children can do in the water. For each one, please tell me if (CHILD'S NAME) could do this without using a life preserver or other flotation device for assistance most of the time (he/she) was in a swimming pool.**

| | | YES | NO | NEVER ATTEMPTED |
|-----------|--|------------|-----------|------------------------|
| a. | Could (CHILD'S NAME) jump into the water from a standing position without assistance? EXTD.JUMPWAT | 1 | 2 | 3 |
| b. | Could (CHILD'S NAME) jump in the pool, swim out 5 feet, and then swim back to the edge of the pool? EXTD.SWIMFEET | 1 | 2 | 3 |
| c. | Could (CHILD'S NAME) swim on (his/her) stomach for about 15 feet without stopping? EXTD.SWIMSTOM | 1 | 2 | 3 |
| d. | Could (CHILD'S NAME) float on (his/her) back without support for 10 seconds? EXTD.FLOATBAC | 1 | 2 | 3 |
| e. | Could (CHILD'S NAME) swim on (his/her) back for about 15 feet without stopping? EXTD.SWIMFEE | 1 | 2 | 3 |

| IF NO TO 50b, 50c, 50d AND 50e, SKIP TO QUESTION 56. IF DON'T KNOW/REFUSED TO 50b, 50c, 50d, AND 50e, SKIP TO QUESTION 51. | | | | |
|---|--|---|---|---|
| f. | Enter the pool feet first and swim to an object or person standing about 15 feet away? EXTD.FLOATFEE | 1 | 2 | 3 |
| g. | Swim on (his/her) stomach, take a breath of air and continue swimming forward? EXTD.SWIMSTO | 1 | 2 | 3 |
| h. | If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and hold onto the side of the pool? EXTD.HOLDEDGE | 1 | 2 | 3 |
| i. | If (CHILD'S NAME) were in water over (his/her) head and about 15 feet from the edge of the pool, could (he/she) swim towards the edge of the pool and climb out of the water? EXTD.SWIMCLIM | 1 | 2 | 3 |
| j. | Swim 50 feet using any kind of stroke? EXTD.FEETSTRK | 1 | 2 | 3 |
| k. | Dive into the water? (SKIP TO QUESTION 52) EXTD.DIVEWAT | 1 | 2 | 3 |

- 51. Do you think you would be able to answer any questions about (CHILD'S NAME) swimming abilities?**

EXTD.SWIMABIL

YES.....1 (GO BACK TO QUESTION 50f)

NO.....2 (SKIP TO QUESTION 56)

- 52. How old was (CHILD'S NAME) when (he/she) was first able to swim without help or without using a life preserver or other flotation device for assistance? [IF SUBJECT UNABLE TO SWIM, ENTER '99']**

EXTD.AGESWIM

____ UNIT: MONTHS....1 EXTD.UNITSWIM
(age) YEARS.....2

- 53. About how many minutes do you think (he/she) could tread water without stopping? Would you say... [IF CHILD CANNOT TREAD WATER AT ALL, ENTER '99']**

EXTD.TREWAT2

Less than 1 minute, 1

1 to 4 minutes, 2

5 to 9 minutes, or 3

10 minutes or more? 4

- 54. About how many minutes do you think (CHILD'S NAME) could swim without stopping? Would you say...**

EXTD.SWIMSTP2

Less than 1 minute, 1

1 to 4 minutes, 2

5 minute to 9 minutes, or 3

10 minutes or more? 4

55. If the length of a standard swimming pool equals 25 yards [75 feet], how many pool lengths could (CHILD'S NAME) swim without stopping using any stroke?

EXTD.SWIMLEN

_____ (# OF LENGTHS)

(SKIP TO QUESTION 57)

56. Did (CHILD'S NAME) know how to swim at all?

EXTD.CANSWIM

YES.... 1 (SKIP TO QUESTION 57)

NO.....2

- 56a. Had you ever seen (CHILD'S NAME) paddle a few yards and then hold onto something such as the edge of a pool or dock?

EXTD.CANPADL

YES..... 1

NO 2

ADOLESCENT BEHAVIOR

Now I'm going to ask you some questions about (CHILD'S NAME)'s behavior.

57. How likely do you think (CHILD'S NAME) was to wear a helmet when (he/she) rode a bicycle during the year before the accident? Would you say...[NOTE: IF CHILD DID NOT RIDE A BIKE AT ALL, ENTER '99']

EXTD.HELMET

Not at all, 1

Very unlikely, 2

Possible, or..... 3

Very likely?..... 4

58. How likely do you think (CHILD'S NAME) was to wear a seatbelt when (he/she) rode in a car during the year before the accident? Would you say...

EXTD.SEATBELT

Not at all, 1

Very unlikely, 2

Possible, or..... 3

Very likely?..... 4

59. During the year before the accident, how likely do you think (CHILD'S NAME) would be to swim in an isolated or remote location, for example, a place that was out of the way or not usually used by swimmers? Would you say ...

EXTD.SWIMISOL

Not at all, 1

Very unlikely, 2

Possible, or..... 3

Very likely? 4

60. [During the year before the accident,] How likely was it that (CHILD'S NAME) regularly smoked cigarettes?

EXTD.REGSMOKE

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3 (SKIP TO QUESTION 62)
VERY LIKELY 4 (SKIP TO QUESTION 62)

61. [During the year before the accident,] How likely was it that (CHILD'S NAME) tried cigarettes, even one or two puffs?

EXTD.TRYSMOKE

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3
VERY LIKELY 4

62. [During the year before the accident,] How likely was it that (CHILD'S NAME) regularly drank alcohol?

EXTD.REGDRANK

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3 (SKIP TO QUESTION 64)
VERY LIKELY 4 (SKIP TO QUESTION 64)

63. [During the year before the accident,] How likely was it that (CHILD'S NAME) tried drinking alcohol?

EXTD.TRYDRINK

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3
VERY LIKELY 4

64. [During the year before the accident,] How likely was it that (CHILD'S NAME) regularly smoked marijuana?

EXTD.REGPOT

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3 (SKIP TO QUESTION 66)
VERY LIKELY 4 (SKIP TO QUESTION 66)

65. [During the year before the accident,] How likely was it that (CHILD'S NAME) tried smoking marijuana?

EXTD.TRYPOT

NOT AT ALL 1
VERY UNLIKELY 2
POSSIBLE 3
VERY LIKELY 4

66. [During the year before the accident,] How likely was it that (CHILD’S NAME) regularly sniffed glue, breathed the contents of aerosol spray cans or inhaled other gases or sprays in order to get high?

EXTD.SNIFGLUE

NOT AT ALL 1
 VERY UNLIKELY 2
 POSSIBLE.....3 (SKIP TO QUESTION 68)
 VERY LIKELY4 (SKIP TO QUESTION 68)

67. [During the year before the accident,] How likely was it that (CHILD’S NAME) tried sniffing glue, breathing the contents of aerosol spray cans or inhaling other gases or sprays in order to get high?

EXTD.TRYSNIF

NOT AT ALL 1
 VERY UNLIKELY 2
 POSSIBLE.....3
 VERY LIKELY4

68. Thinking about (CHILD’S NAME)’s closest friends, how many do you think do the following things?

| | | NONE | SOME | MOST | ALL |
|----|--|------|------|------|-----|
| a. | Smoke cigarettes? Would you say none, some, most, or all of (CHILD’S NAME)’s closest friends? EXTD.SMKCIG | 1 | 2 | 3 | 4 |
| b. | Drink alcohol? Would you say none, some, most, or all? EXTD.DRINKALC | 1 | 2 | 3 | 4 |
| c. | Bully or pick on others? EXTD.BULLY | 1 | 2 | 3 | 4 |
| d. | Talk or act disrespectfully to teachers? EXTD.DISRESPE | 1 | 2 | 3 | 4 |
| e. | Get into physical fights with others? EXTD.FIGHTS | 1 | 2 | 3 | 4 |
| f. | Lie to their parents or guardians about where they are or whom they are with? EXTD.LIE | 1 | 2 | 3 | 4 |
| g. | Mark with graffiti [tag] or damage something that does not belong to them? EXTD.GRAFFITI | 1 | 2 | 3 | 4 |
| h. | Ride a bicycle without wearing a helmet? EXTD.NOHELMET | 1 | 2 | 3 | 4 |
| i. | Ride in a car without wearing a seatbelt? EXTD.NOSEAT | 1 | 2 | 3 | 4 |
| j. | Swim in a remote or unguarded location? EXTD.UGUARD | 1 | 2 | 3 | 4 |

SENSATION SEEKING

I am now going to read to you a series of statements. Please try to consider how well each statement describes (CHILD'S NAME)'s personality.

69. If (CHILD'S NAME) had to wait in a long line, (he/she) usually was patient about it.
Would you say that statement describes (CHILD'S NAME)...

EXTD.WAITLINE

Very well, 1
Somewhat, 2
Not very well, or 3
Not at all?..... 4

70. When (CHILD'S NAME) listened to music, (he/she) liked it to be loud. Would you say that statement describes (CHILD'S NAME)...

EXTD.MUSIC

Very well, 1
Somewhat, 2
Not very well, or 3
Not at all?..... 4

71. When taking a trip, (CHILD'S NAME) thought it was best to make as few plans as possible and just take it as it came.

EXTD.TAKETRIP

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

72. (CHILD'S NAME) stayed away from movies that were said to be frightening or highly suspenseful.

EXTD.MOVIES

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

73. (CHILD'S NAME) felt it was fun and exciting to perform or speak before a group.

EXTD.SPKGGROUP

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

74. If (CHILD'S NAME) were to go to an amusement park, (he/she) preferred to ride the roller coaster or other fast rides.

EXTD.AMUSPARK

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

75. **(CHILD'S NAME) would have liked to travel to places that were strange and far away.**
EXTD.TRAVEL
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
76. **(CHILD'S NAME) liked movies where there were a lot of explosions and car chases.**
EXTD.EXPLOS
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
77. **In general, (CHILD'S NAME) worked better when (he/she) was under pressure.**
EXTD.PRESSURE
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
78. **(CHILD'S NAME) often liked to have the radio or television on while (he/she) was doing something else, such as reading or cleaning up.**
EXTD.RADIO
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
79. **(CHILD'S NAME) felt it would be interesting to see a car accident happen.**
EXTD.SEECAR
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
80. **(CHILD'S NAME) thought it was best to order something familiar when eating in a restaurant.**
EXTD.RESTAU
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4
81. **(CHILD'S NAME) liked the feeling of standing next to the edge on a high place and looking down.**
EXTD.NEXTEDGE
VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

82. If it were possible to visit another planet or the moon for free, (CHILD'S NAME) would have been among the first in line to sign up.

EXTD.MOONFREE

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

83. (CHILD'S NAME) was likely to do things such as riding a bicycle down hill with no hands or skateboarding down hill.

EXTD.DOWNHILL

VERY WELL.....1
SOMEWHAT.....2
NOT VERY WELL....3
NOT AT ALL.....4

HEALTH AND MEDICAL HISTORY

Now I would like to ask you some questions about (CHILD'S NAME)'s health and medical history.

84. In general, would you say (CHILD'S NAME)'s health prior to the accident was...

EXTD.GENHLTH

Excellent, 1
Very good, 2
Good, 3
Fair, or..... 4
Poor? 5

85. Had (CHILD'S NAME) ever seen a doctor for epilepsy or a seizure disorder?

EXTD.EVERSEIZ

YES..... 1
NO..... 2 (SKIP TO QUESTION 86)

- 85a. During the year prior to the accident, had (CHILD'S NAME) had a seizure?

EXTD.YRSEIZ

YES..... 1
NO..... 2

- 85b. During the month prior to the date of the accident, was (CHILD'S NAME) taking medicine to prevent seizures?

EXTD.MEDSEIZ

YES..... 1
NO..... 2

86. Did a doctor ever say that (CHILD'S NAME) had a health problem expected to last 6 months or longer, including any physical or mental impairments, learning disabilities, or other serious conditions?

EXTD.HLTHPROB

YES.....1
NO.....2



- 86a. What type of health problem was it? (MARK ALL THAT APPLY)

EXTD.EPILEPSY EPILEPSY /SEIZURE DISORDER.....1
EXTD.ASTHMA ASTHMA.....2
EXTD.ATTDHD ATTENTION DEFICIT HYPERACTIVITY DISORDER.....3
EXTD.PHYMEOTH OTHER PHYSICAL OR MENTAL CONDITION (SPECIFY)
EXTD.TYPEPROS91

87. During the month prior to the accident, did (CHILD'S NAME) take any prescription medications? Do not include antibiotics, vitamins or medications that (he/she) would have taken for a cold or fever [but do include the seizure medication if it was prescription].

EXTD.MEDSPRE

YES.....1
NO.....2 (GO TO QUESTION 88)

| 87a. What were these medications? (SPECIFY) | 87b. What was this medication for? (SPECIFY) |
|---|--|
| MEDS.TYPEMED | MEDS.MEDFOR |
| | |
| | |
| | |
| | |

88. Had (CHILD'S NAME) ever had a fainting episode?

EXTD.FAINTEPI

YES.....1
NO.....2

89. Had (CHILD'S NAME) ever had an electrocardiogram, that is an EKG or an ECG?

EXTD.EKGECG

YES.....1
NO.....2

90. Has anyone else in (CHILD'S NAME)'s family ever died from drowning?

EXTD.OTHDIED

YES.....1

NO.....2

————→ 90a. What was their age at the time of drowning?

_____ (age in years) EXTD.OTHAGE

90b. What was the person's relationship to (CHILD'S NAME)? Was it

a...

EXTD.OTHRELA

Parent, 1

Sibling, 2

Grandparent, or 3

Some other relative? 4

91. How would you rate yourself as a swimmer? Would you say...

EXTD.RATESWIM

Excellent, 1

Very good, 2

Good, 3

Fair, or 4

Poor? 5

92. How would you rate your spouse or companion as a swimmer? Would you say...

EXTD.RATESPOU

Excellent, 1

Very good, 2

Good, 3

Fair, 4

Poor, or 5

Do you not have a spouse or companion? .. 6

93. Has anyone in (CHILD'S NAME)'s family died suddenly from a heart condition or some unknown cause before the age of 40 years?

EXTD.HEARTCON

YES... 1

NO.... 2

————→ 93a. What was this person's relationship to (CHILD'S NAME)? Was it a...

EXTD.HEARTRE

Parent, 1

Sibling, 2

Grandparent, or 3

Some other relative? 4

93b. Please describe what happened.

DESC.DESCTEXT

94. Did (CHILD'S NAME) ever have an episode in which (he/she) nearly drowned and was taken to a physician's office or emergency department?

EXTD.EMERDEPT

YES.....1
NO.....2

- 94a. Can you please tell me when this occurred?

EXTD.EMERMO

EXTD.EMERYR

____ / ____
MM YY

- 94b. Please describe what happened.

DESC.DESCTEXT

95. Did you receive any advice from (CHILD'S NAME)'s doctor or nurse about swimming lessons?

EXTD.DRADVICE

YES.....1
NO.....2

- 95a. Did the advice you received...

EXTD.TYPADV

Recommend taking swimming lessons,.....1

Recommend against taking swimming lessons, or.....2

Did you receive some other advice?

EXTD.TYPADVOS

(SPECIFY).....91

DAILY ROUTINES (AGE 10-14)

Now I would like to ask you some questions about (CHILD'S NAME)'s daily routine prior to the accident.

96. Was (CHILD'S NAME)...

EXTD.ENSCHOOL

Enrolled in school,.....1 (SKIP TO QUESTION 103)

Home schooled, or.....2 (SKIP TO QUESTION 104)

Not enrolled in school?...3 (SKIP TO QUESTION 104)

DAILY ROUTINES (AGE 15-19)

Now I would like to ask you some questions about (CHILD'S NAME)'s daily routine during the week, on the weekends, and during the summer prior to the date of the accident.

97. Was (CHILD'S NAME) enrolled in school just prior to the accident?

EXTD.ENROLL

YES.....1 (IF CHILD AGE \geq 17, GO TO QUESTION 98,
OTHERWISE, SKIP TO QUESTION 103)

NO.....2 (SKIP TO QUESTION 102)

98. Was this school a college or university?

EXTD.COLLUNIV

YES.....1

NO.....2 (SKIP TO QUESTION 103)

99. Could you please tell me the city, state, and county where this school is located?

(City)

EXTD.COLLCITY

(State)

EXTD.COLLSTAT

(County)

EXTD.COLLCITY

100. Was (he/she) enrolled in this school....

EXTD.ENRPTFT

Part-time, or.....1

Full-time?.....2

101. Where did (CHILD'S NAME) spend (his/her) most recent summer? Was (he/she)....

EXTD.DOSUMMER

At home,.....1 (SKIP TO QUESTION 109)

EXTD.DOSUMOS1

At school, or.....2 (SKIP TO QUESTION 109)

EXTD.DOSUMOS2

Somewhere else? (SPECIFY)_____ 91 (SKIP TO QUESTION 109)

102. You indicated that (CHILD'S NAME) was not enrolled in school. What was (his/her) main activity? Was (he/she)...

EXTD.ENROLLNO

Working full-time,.....1 (SKIP TO QUESTION 105)

Working part-time, or.....2 (SKIP TO QUESTION 105)

Doing something else?

EXTD.ENROLLOS

(SPECIFY)_____ 91 (SKIP TO QUESTION 105)

DAILY ROUTINES (AGE 10-19)

103. During the school year, where did (CHILD'S NAME) usually go after school? Did (he/she) usually go...

EXTD.AFTSC2

To (his/her) own home,.....1

To a relative's home,.....2

To an after school extended day program, or.....3

Somewhere else?

EXTD.AFTSC2OS

(SPECIFY)_____ 91

104. Where did (CHILD'S NAME) usually spend (his/her) weekends? Did (he/she) usually spend them ...

EXTD.CAREWK

At home, 1

At a relative's home, or..... 2

Somewhere else?

EXTD.CAREWKOS

(SPECIFY)_____ 91

| | | | |
|--|--|---|--|
| 105. During the most recent summer, did (CHILD'S NAME) attend or work as a counselor at... CAMP.COUNSEL | 106. How many weeks did (CHILD'S NAME) attend or work at the (overnight camp/day camp/summer school)? CAMP.WEEKCOUN | 107. Were there any bodies of water at the (overnight camp/day camp/summer school) such as a swimming pool, Jacuzzi, wading pool, pond, lake, river, or some other body of water? CAMP.CAMPWAT | 108. What kind of body of water was it? Was it a... (CODE ALL THAT APPLY) CAMP.WATPOOL CAMP.WATJAC CAMP.WATWAD CAMP.WATPOND CAMP.WATRIVER CAMP.WATOTH CAMP.TYPEWAOS |
| a. an overnight camp? YES...1 → NO....2 (b) | a. ____ (# of weeks) | a. YES...1 → NO....2 (b) | a. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91 |
| b. a day camp? YES...1 → NO....2 (c) | b. ____ (# of weeks) | b. YES...1 → NO....2 (c) | b. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91 |
| c. a summer school? YES...1 → NO....2 (QUESTION 109) | c. ____ (# of weeks) | c. YES...1 → NO....2 (QUESTION 109) | c. Swimming pool, 1 Jacuzzi or hot-tub, 2 Wading pool, 3 Pond or lake, 4 River, or 5 Some other body of water? (specify) 91 |

SOCIODEMOGRAPHIC QUESTIONS

I have just a few more questions to ask you about yourself and (CHILD'S NAME)'s household.

109. What was your age at the time of the accident?

EXTD.RESPYYY

__ __ (YEARS)

110. Are you of Hispanic or Latino origin?

EXTD.RESPHISP

YES..... 1

NO..... 2

111. Which one or more of the following would you say best describes your race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

| | | |
|---------------|--|----|
| EXTD.RAAMEIND | American Indian or Alaska Native, | 1 |
| EXTD.RAASIAN | Asian, | 2 |
| EXTD.RABLACK | Black or African-American, | 3 |
| EXTD.HAWPAC | Native Hawaiian or other Pacific Islander, or..... | 4 |
| EXTD.RAWHITE | White?..... | 5 |
| EXTD.RAOTHER | OTHER (SPECIFY)_____ | 91 |
| EXTD.RESRACOS | | |

112. Is (CHILD'S NAME) of Hispanic or Latino origin?

EXTD.CHILHISP

| | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |

113. Which one or more of the following would you say best describes (CHILD'S NAME)'s race? Would you say... [IF RESPONDENT SAYS "HISPANIC", PROBE FOR ONE OF THE LISTED CATEGORIES]

| | | |
|---------------|--|----|
| EXTD.CHAMEIND | American Indian or Alaska Native, | 1 |
| EXTD.CHASIAN | Asian, | 2 |
| EXTD.CHBLACK | Black or African-American, | 3 |
| EXTD.CHHAWPAC | Native Hawaiian or other Pacific Islander, or..... | 4 |
| EXTD.CHWHITE | White?..... | 5 |
| EXTD.CHOTHER | OTHER (SPECIFY)_____ | 91 |
| EXTD.CHIRACOS | | |

(NOTE: QUESTIONS 114-118a – IF RESPONSE TO QUESTION 2 = NO, CHANGE FILLS TO COLLECT DATA ON CHILD'S HOUSEHOLD)

114. On the date of the accident, how many people under age 20, including (CHILD'S NAME) [and yourself], lived in your household?

EXTD.NUMCHHS

NUMBER OF CHILDREN: ____ ____

115. On the date of the accident, how many adults age 20 or over [including yourself,] lived in your household?

EXTD.NUMADHS

NUMBER OF ADULTS: ____ ____

| | |
|---|---|
| <p>116. Please give me the ages of everyone, other than (CHILD'S NAME) and yourself, who lived in your household on the date of the accident and their relationship to (CHILD'S NAME). [IF AGE IS LESS THAN 1 YEAR, WE WILL ASK FOR THE NUMBER OF MONTHS]</p> <p>[ALLOW UP TO 15 PEOPLE]</p> <p>HOHO.HOHOAGE</p> | <p>116a. What was this person's relationship to (CHILD'S NAME)?</p> <p>HOHO.REL</p> |
| <p>a. ___ ___ ___ (# # #)</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>HOHO.HOHOMON</p> | <p>a.</p> <p>MOTHER/STEPMOTHER..... 1</p> <p>FATHER/STEPFATHER 2</p> <p>SIBLING 3</p> <p>SPOUSE/PARTNER.....4</p> <p>DAUGHTER/SON.....5</p> <p>GRANDPARENT 6</p> <p>UNRELATED PERSON (INCL. ROOMMATE) 7</p> <p>OTHER RELATIVE (SPECIFY)_____ 91</p> <p>HOHO.HHMRELOS</p> |

117. [ASK IF MORE THAN ONE CHILD LISTED ABOVE AND SOMEONE'S AGE IS REFUSED OR UNKNOWN] Of the ___ (NUMBER OF CHILDREN LISTED IN 114) children and teenagers under age 20 that you stated were living in your household at the time of the accident, from oldest in age to the youngest in age, where did (CHILD'S NAME) fall? For example, was (he/she) the...

EXTD.CHFALL

Oldest, 1

Second oldest, 2

Third oldest, 3

Fourth oldest, 4

Fifth oldest, or 5

Something else? (SPECIFY)_____ 91

EXTD.CHFALLOS

| | |
|---|---|
| 118. In the last calendar year, what was your combined annual household income from all sources and before taxes? This would include all income received by everyone that lived in the household during the last calendar year. Would you say... | 118a. Was it... EXTD.HHINCOME |
| \$25,000 or less,.....1 EXTD.HHINCOV1 | \$10,000 or less,..... 1 \$10,001 to \$15,000,..... 2 \$15,001 to \$20,000, or..... 3 \$20,001 to \$25,000? 4 |
| \$25,001 - \$50,000,.....2 EXTD.HHINCOV2 | \$25,001 to \$30,000,..... 5 \$30,001 to \$35,000,..... 6 \$35,001 to \$40,000,..... 7 \$40,001 to \$45,000, or..... 8 \$45,001 to \$50,000? 9 |
| \$50,001 - \$75,000, or.....3 EXTD.HHINCOV3 | \$50,001 to \$55,000,..... 10 \$55,001 to \$60,000,..... 11 \$60,001 to \$65,000,..... 12 \$65,001 to \$70,000, or..... 13 \$70,001 to \$75,000? 14 |
| More than \$75,000?..... 4 EXTD.HHINCOV4 | \$75,001 to \$80,000,..... 15 \$80,001 to \$85,000,..... 16 \$85,001 to \$90,000,..... 17 \$90,001 to \$95,000, or..... 18 More than \$95,000?..... 19 |

BOX 2

IF RESPONSE TO QUESTION 2 = NO, SKIP TO QUESTION 129.
ELSE GO TO QUESTION 119.

119. On the date of the accident, which of the following best described your working status?
Were you...
EXTD.RESEMP

- Self-employed,..... 1
 Working for an employer,..... 2
 Looking for employment, 3
 A homemaker,..... 4
 Retired,..... 5
 Unable to work or disabled, or..... 6
EXTD.RESEMPOS Something else? (SPECIFY) 91

120. On the date of the accident, were you enrolled in school or college?
EXTD.ENROLLED

YES.....1
 NO.....2

120a. Were you enrolled in school ...
EXTD.ENRLPTFT
 Part-time, or.... 1
 Full-time?..... 2

121. What is the highest grade or year of school you completed? [READ LIST ONLY IF NECESSARY]

EXTD.HGHGRADE

- 8th GRADE OR LESS 1
- 9TH TO 12TH GRADE (NO DIPLOMA) 2
- HIGH SCHOOL DIPLOMA/GED 3
- SOME VOC/TECH/BUSINESS 4
- VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA 5
- SOME COLLEGE 6
- ASSOCIATE'S DEGREE (AA, AS)..... 7
- BACHELOR'S DEGREE (BA, BS) 8
- SOME GRADUATE/PROFESSIONAL SCHOOL 9
- GRADUATE/PROFESSIONAL DEGREE 10
- (MA, MS, PHD, MD, ETC.)
- OTHER (SPECIFY)..... 91

EXTD.HGHGRAOS

122. On the date of the accident were you...

EXTD.MARITALS

- Married or living as married couple, 1
- Divorced, 2
- Widowed, 3
- Separated, or 4
- Never married? 5 (SKIP TO QUESTION 129)

123. Has your marital status changed since that time? [ONLY ASK IF AT LEAST 1 MONTH PAST ACCIDENT DATE]

EXTD.CHSTATUS

- YES..... 1
- NO..... 2 (SKIP TO QUESTION 126)

124. How did your marital status change?

EXTD.HOWCHNGE

- GOT MARRIED..... 1
- GOT DIVORCED 2
- BECAME WIDOWED 3
- SEPARATED FROM SPOUSE OR PARTNER 4

EXTD.HOWCHNOS

SOMETHING ELSE (SPECIFY) _____ 91

125. How long ago did this occur?

EXTD.LONGAGO

- _____ DAYS AGO..... 1
- _____ WEEKS AGO..... 2
- _____ MONTHS AGO..... 3

EXTD.LONGAGOU

126. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, which of the following best described your spouse or companion's working status. Was he or she...

EXTD.SPEMLPST

Self-employed, 1
Working for an employer..... 2
Looking for employment, 3
A homemaker,..... 4
Retired,..... 5
Unable to work or disabled, or..... 6
Something else? (SPECIFY) 91

EXTD.SPEMLPOS _____

127. [SKIP IF NO SPOUSE/COMPANION] On the date of the accident, was your spouse or companion enrolled in school or college?

EXTD.SPSCHOOL

YES.....1 →
NO.....2

- 127a. Was your spouse or companion enrolled in school...

EXTD.SPPTFT

Part-time, or.....1
Full-time?.....2

128. [SKIP IF NO SPOUSE/COMPANION] What was the highest grade or year of school completed by your spouse or companion who lived with you? [READ LIST ONLY IF NECESSARY]

EXTD.SPGRADE

8th GRADE OR LESS 1
9th TO 12th GRADE (NO DIPLOMA) 2
HIGH SCHOOL DIPLOMA/GED 3
SOME VOC/TECH/BUSINESS 4
VOC/TECH/BUSINESS CERTIFICATE OR DIPLOMA 5
SOME COLLEGE..... 6
ASSOCIATE'S DEGREE (AA, AS)..... 7
BACHELOR'S DEGREE (BA, BS) 8
SOME GRADUATE/PROFESSIONAL SCHOOL 9
GRADUATE/PROFESSIONAL DEGREE 10
(MA, MS, PHD, MD, ETC.)

EXTD.SPGRADOS

OTHER (SPECIFY)..... 91

Now that we are near the end of the interview, I would like to ask you a few questions about this questionnaire and about the experience of being interviewed. This will help us to improve our interviewing procedures in the future.

129. First, do you think that this interview was ...

EXTD.INTLNGTH

Too short, 1
Too long, or 2
Just about right? 3

130. Did you find this interview to be stressful? Would you say it was...

EXTD.INSTRESS

Not at all stressful, 1

A little stressful, 2

Somewhat stressful, or 3

Very stressful? 4

131. If you were asked, would you participate in an interview like this again?

EXTD.PRTAGAIN

YES..... 1

NO..... 2

132. That was my last question. Do you have any additional comments that you would like to add regarding this questionnaire or the accident?

EXTD.OTHCOMM

YES.....1 (SPECIFY BELOW)

NO.....2

132a. DESC.DESCTEXT

Thank you very much for your time and cooperation. We are sending a check for \$25.00 to all participants in this study.

133. We would like to confirm your name, address, and telephone number.

[INTERVIEWER: PLEASE CONFIRM INFORMATION ON THE SCREEN, CORRECT AS NECESSARY.]

FIRST NAME: _____ LAST NAME: _____

ADDR.FNAM

ADDR.LNAM

NUMBER AND STREET: _____ APT #: _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

PHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

133a. [DOES RESPONDENT WANT \$25 CHECK?]

EXTD.WANTCHEK

YES 1

NO 2 (SKIP TO END 1)

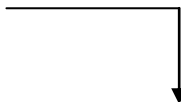
DONATE TO CHARITY 3 (SKIP TO QUESTION 134a)

134. Is this the address to which I should mail the check?

EXTD.CHECKADD

YES...1

NO.....2



134a. Please give me the name, address and telephone number of the (person/organization) to (whom/which) we should mail the check?

FIRST NAME: _____ LAST NAME: _____

ADDR.FNAM

ADDR.LNAM

ORGANIZATION: _____

ADDR.ORGANIZ

NUMBER AND STREET: _____ APT #: _____

ADDR.STREET

ADDR.APT

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

ADDR.CITY

ADDR.ST

ADDR.ZIP

TELEPHONE NUMBER: _____ - _____ - _____

ADDR.AREA ADDR.EXCH ADDR.LOCL

END 1: Thank you. If you have further questions about this study, you may call 1-888-273-0674. Goodbye.

135. INTERVIEWER COMMENTS: